

JUN 05 2008

PTO/SB/82 (01-06)

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AND
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Application Number	10/539,558
Filing Date	June 17, 2005
First Named Inventor	Yitzchak Hillman
Art Unit	1654
Examiner Name	Koer
Attorney Docket Number	HILLMAN1

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name: Yitzchak Hillman

Address: Shderot Herzl 10A/B

City: Jerusalem State: Zip: 96105

Country: Israel

Telephone: 972-2-6542052 Email: yithill@gmail.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: 

Name: YITZCHAK HILLMAN

Date: 5TH JUNE 2008 Telephone: 972-2-6542052

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:)	Confirmation No. 9264
Yitzchak Hillman)	Art Unit: 1654
I.A. Filing Date : 12/21/2003)	Examiner: Kosar Andrew D
371 (c) Date : June 17, 2005)	Date: May 29 th 2008
U.S. Appln. No. 10/539,558)	
For: DISEASE TREATMENT VIA ANTIMICROBIAL PEPTIDE...)	Att. Docket: HILLMAN 1

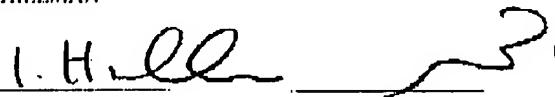
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	
Application Number	10/330,508
Filing Date	June 17, 2005
First Named Inventor	Yitzchak Hillman
Art Unit	3004
Examiner Name	Katya
Attorney/Agent Number	HILLMAN

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: _____ Please change the correspondence address for the above-identified application to: The address associated with Customer Number: _____

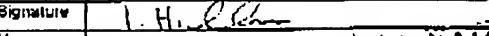
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Yitzchak Hillman				
Address	14derul Haed 10/6				
City	Jerusalem	State		Zip	96105
Country	Israel				
Telephone	972-2-6542052	Email	yitzchak@yandex.com		

I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	YITZCHAK HILLMAN		
Date	5 th JUNE 2008	Telephone	972-2-6542052

Note: Signatures of all US inventors or assignees of record of the entire interest or their representative(s) are required. Please staple forms if more than one signature is required, see below.

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